STATE / COUNTY PROCEDURES
WORKGROUP SUMMARY

March 8, 2005

9:30 AM – 12:30 PM

Organizer: CDSS' Adult Programs, Quality Assurance Bureau
Location: Department of Social Services, 8745 Folsom Blvd., Sacramento, CA

Attendees:

- Brian Koepp, Chair, CDSS QA
- Thomas Baughman, Butte Co. QA
- Bert Bettis, Sacramento Co.
- Joan Boomer, San Francisco Co.
- Martha Bracha, CDSS QA
- Donna Brase, San Diego Co.
- Susan Carlson, Stanislaus Co.
- Sumbo Chea, Stanislaus Co., QA
- Irene Cole, Monterey Co., QA
- Norman Coontz, DHS
- Maher Dimachkie, DHS
- Kelly Elo, CMIPS Project
- Desi Gonzales, CDSS
- Drena Kaluc, CWDA
- Guy Howard Klopp, Sac.Co., QA
- Michele Loftin, CDSS, QA Bureau
- Melody McInturf, Sac. Co., IHSS QA

- Pam Ng, IHSS
- Jarnett Oddo, Sac. Co.
- Tracy Player, CDSS, QA Operations
- Sharon Rehm, Sac. Co. IHSS
- Bea Sanchez, CDSS QA, Operations
- Kathleen Schwartz, Sac. Co. IHSS QA
- Clarence R. Shaw, LA County DPSS
- Laurie Silva, QA, CDSS, North
- Jeannie Smalley, CDSS, QA North
- Karan Spencer, CDSS QA
- Kris Sullivan, CDSS, QA North
- Robert Taylor, Stanislaus Co.
- Toua Thao, Sac. Co.
- Debra Thomson, Yolo Co., IHSS
- Floridalma Valencia, Sac. Co. IHSS
- Barbara Volk, EDS
- Ramona L. Walker, CDSS, QA
- Linda Williams, CDSS, QA

Attendees received the following information:

> Agenda, meeting notice, and Workgroup Charter, CDSS QA Initiative,
> Draft regulatory language for County QA Function, IHSS Plus Waiver Special
> Terms and Conditions A Requirements, and WIC Section 12305.71-County
> QA Activity Requirements (Attachment A)

Brian Koepp, Workgroup Chair and Chief of the Adult Programs Quality Assurance
Bureau, commenced the 9:30am Workgroup meeting by welcoming attendees,
making introductions and providing an overall focus of the meeting's events.

Mr. Koepp gave a history of the State and County Workgroup project and discussed
notes from the February 15, 2005 meeting. Our goals for the day's meeting were

addressed. The county requirements as defined in WIC Section 12305.71 were reviewed in a PowerPoint presentation.

The Workgroup discussed the need to develop QA policies and procedures at the State and county levels for:

- Fraud detection/prevention
- Monitoring fraud
- Third-party liability
- Joint case review by CDSS and counties
- Waiver requirements
- Criteria for reviewing cases
- Data match procedures
- Use of CMIPS data
- County QA plan requirements
- State oversight—how it works and what happens with the outcomes?

Mr. Koepp stated the Federal Government is very interested in our QA program and provided some information about the QA/QI requirements contained in the Waiver.

Martha Bracha, Manager for the CDSS QA Operations Unit, handed out and reviewed a draft of the emergency regulations related to the requirement in SB 1104 that counties establish a dedicated, specialized QA unit or function.

The Workgroup divided into sub-committees to focus on three areas:

1) The draft emergency regulation related to county QA functions;
2) QA requirements of the Waiver;
3) State and County QA procedures.

The three sub-committees reported the results of their discussions with the group. It was further discussed that the sub-committees may need to meet prior to next Workgroup meeting to continue development of ideas. Specifically, the Procedures sub-committee suggested input from other county participants via the March Regional meetings. Results from the sub-committee groups will be brought forth at the next Workgroup meeting in April, as well as any other ideas members are interested in presenting.

Next Steps: Develop procedures relating to county QA procedures for next Workgroup meeting.

Meeting was adjourned at 12:15 pm.

NOTE: Next State/County Procedures Workgroups scheduled for 4/12/05.

REPORT OF SUB-COMMITTEE DISCUSSIONS

1)   INPUT REGARDING DRAFT EMERGENCY REGULATION PROVIDED BY EMERGENCY REGULATIONS SUB-COMMITTEE

      a. Develop and regularly review policies, implementation timelines and instructions under which county QA/QI programs will function.

      b. Perform routine scheduled reviews of supportive services which include:

- review of case files, and/or other documents;

- possible home visits or other means;

- Validation that the assessment is consistent with the recipient's needs for services and that applicable federal and state laws and policies have been followed in the assessment process.

      c. Perform targeted QA and information based on an analysis of data available through CMIPS, county systems or other data.

      d. Resolve and respond to claims data match discrepancies.

      e. Identify potential sources of third-party liability and make appropriate referrals.

      f. Develop procedures to detect and prevent potential fraud by providers, recipients and others.

      g. Conduct joint case review activities with State QA staff in accordance with protocols developed by CDSS and County social services departments.

2)   INPUT REGARDING IHSS WAIVER QA PROVIDED BY SUB-COMMITTEE PARTICIPANTS

IDENTIFIED STEPS TO TAKE:

      a) Develop forms to address the following:

- Person-centered planning process;

- County Quality Assurance/Quality Improvement, plan and protocols

    b) Support Services – Develop procedures to address the following:

- Back up plans

- Available alternative resources

- Tracking critical incidents

    c) First Year: Building and Education Process

- Identifying reporting requirements

- Ensuring that Waiver cases are included in review process

- Developing elements of review process as it relates to Waiver

3) INPUT REGARDINGSTATE/COUNTY QA PROCEDURES PROVIDED BY SUB-COMMITTEE

A. Do not reinvent the wheel (build on San Diego, Los Angeles, etc. models)

B. QA needs recognized and areas to consider:

  1) Define State/County case review effort

    a) What is State oversight?

    b) How often will State staff monitor?

    c) How many and types of cases?

    d) Will there be a State-mandated guideline with specific forms/tools for case reviews, or can counties develop their own?

    e) Will part of County QA function include State Hearings?

    f) Will State uniformly determine type of county review to be done: Targeted, random, or a county-by-county determination?

    g) Will CMIPS be used to pull samples for QA review? Random or targeted?

      i) If QA sampling is not targeted, would sampling be random within each caseload or of an overall sampling?

      ii) Would this be a State requirement or County optional?

    h) State mandate to correct cases or is it left to local processes when errors take place?

2) What are the July 2005 County QA plan as mandated in SB 1104 criteria?

   a) Where does it go for review / approval, or doesn't?

3) Training of providers

   a) What we expect from them with time per task

4) Size of county's caseload vs. what's to be reviewed:

   b) Sample size for QA

   c) Numbers/percentage to be reviewed in various county sizes (small /medium /large)

   d) Frequency of reviews at state and county levels

   d) Types of reviews:

   a) In-home

   b) Case record

   c) Telephone

   d) Targeted

      i) CMIPS to run specific data requests?

      ii) Statewide or local?

      iii) Frequency?

      iv) Pull by disease categories for task vs. functioning level?

   e) Fraud

   a) Training for fraud cases

   b) Policy for non-compliance

   c) Who collects the money, and where does it go?

   d) Defining "fraud" for clients, providers, and staff , and defining responsibilities with each

   e) What is "required" (mandatory) by participants clients

   f) Where does this fit – capacity of clients (APS / dementia / etc)

   g) What are the criteria to ID cases that are error/suspect?

   h) Client autonomy vs. suspicion of fraud?

      i) How can it be enforced?

      ii) Time checks to verify?

   i) "Fraud" may leave it up to co. to look into possible fraud cases

   f) Maintenance of records

a) Retention of records?

b) Counties to submit something to State for auditing records?

c) What is State oversight?

i) Waiver vs. routine -- PCSP / residual / waiver

ii) 2 or 3 standards--?

iii) ?? CAPI cases ??

8) Possible State QA over-sight with CMIPS (as an auditing tool)?
a) Use of Ad-hoc Reporting tool with county CMIPS to help ID various data?
b) Data mismatch to be identified?
c) Key punch errors, discrepancies?
d) Methodology to ID errors/suspect cases?

3) Define:

a) Third-party liability

b) Claims data match discrepancies

10) Build in positive, quality performance and jobs well done; not to focus on flaws/errors

The State County Sub-workgroup will reconvene at sometime prior to the next meeting in April to try and define some of the above questions / ideas. Additional county staff will be solicited to participate, at the March Regional meetings.

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Welfare and Institutions Code

12305.**71**. Counties shall perform the following quality assurance activities:

(a) Establish a dedicated, specialized unit or function to ensure quality assurance and program integrity, including fraud detection and prevention, in the provision of supportive services.

(b) Perform routine, scheduled reviews of supportive services cases, to ensure that caseworkers appropriately apply the supportive services uniformity system and other supportive services rules and policies for assessing recipients' need for services to the end that there are accurate assessments of needs and hours. Counties may consult with state quality assurance staff for technical assistance and shall cooperate with state monitoring of the county's quality assurance activities and findings.

(c) The department and the county welfare departments shall develop policies, procedures, implementation timelines, and instructions under which county quality assurance programs will perform the following activities:

   (1) Receiving, resolving, and responding appropriately to claims data match discrepancies or other state level quality assurance and program integrity information that indicates potential overpayments to providers or recipients or third-party liability for supportive services.

   (2) Implementing procedures to identify potential sources of third-party liability for supportive services.

   (3) Monitoring the delivery of supportive services in the county to detect and prevent potential fraud by providers, recipients, and others and maximize the recovery of overpayments from providers or recipients.

   (4) Informing supportive services providers and recipients, and the public that suspected fraud in the provision or receipt of supportive services can be reported by using the toll-free Medi-Cal fraud telephone hotline and Internet Web site.

(d) Develop a schedule, beginning July 1, 2005, under which county quality assurance staff shall periodically perform targeted quality assurance studies.

(e) In accordance with protocols developed by the department and county welfare departments, conduct joint case review activities with state quality assurance staff, including random postpayment paid claim reviews to ensure that payments to providers were valid and were associated with existing program recipients; identify, refer to, and work with appropriate agencies in investigation, administrative action, or prosecution of instances of fraud in the provision of supportive services. The protocols shall consider the relative priorities of the activities required pursuant to this section and available resources.